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CONFIRMATION NO. 6180

<b>SERIAL NUMBER</b> 10/562,943	<b>FILING OR 371(c) DATE</b> 12/29/2005 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 1371-2 PCT/US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *SJK*

This application is a 371 of PCT/IB04/02182 06/29/2004 which claims benefit of 60/484,059 06/30/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE SJK*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** **\*\* SMALL ENTITY \*\***  
 04/19/2006

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SJK</i>				
Verified and Acknowledged Examiner's Signature <i>SJK</i> Initials				

**ADDRESS**

23869

**TITLE**

Intra-ocular lens or contact lens exhibiting lardge depth of focus

<b>FILING FEE RECEIVED</b> 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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